

In re application of: David J. Pinsky, et al.

Serial No.: 08/721,447

Filed: September 27, 1998

Examiner: P. Gambel

Group Art Unit: 1642

For: METHODS FOR TREATING AN ISCHEMIC DISORDER AND IMPROVING STROKE OUTCOME



Transmitted herewith is an amendment to the above-identified application.

- ☒ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.
- ☐ a verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- ☒ No additional fee is required. except for a fee of \$475.00 for a three month extension of time.

The filing fee is calculated as follows:

	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED			RATE		FEE	
						SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
Total Claims	45	45	0	X		11	22	0	
Independent Claims	5	5	0	X		41	82	0	
Multiple Dependent Claims(s) Presented For First Time: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						135	270	0	
						TOTAL ADDITIONAL FEE \$ 0			

05/07/1998 RABARCA 00000017 08721447

01 FC:217 • IF the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
• IF the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
• IF the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

Amendment Transmittal Letter
Page Two

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

____ Please charge Deposit Account No. _____
in the amount of \$ _____.

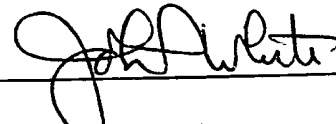
 X A check in the amount of \$ 475.00 is enclosed.

 X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

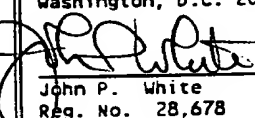
 X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

 X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents Washington, D.C. 20231.	
 John P. White Reg. No. 28,678	<u>4/28/98</u> Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : David J. Pinsky et al.
Serial No. : 08/721,447 Examiner: P. Gambel
Filed : September 27, 1996 Art Unit: 1642
: METHODS FOR TREATING AN ISCHEMIC DISORDER
AND IMPROVING STROKE OUTCOME

1185 Avenue of the Americas
New York, New York 10036
April 28, 1998

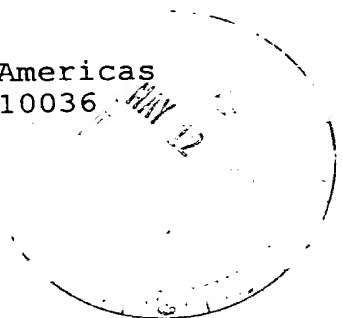
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

**AMENDMENT IN RESPONSE TO OCTOBER 28, 1997 OFFICE
ACTION AND PETITION FOR THREE MONTH EXTENSION OF TIME
SUPPLEMENTAL INFORMATION DISCLOSURE**

This Amendment is submitted in response to an October 28, 1997 Office Action issued by the United States Patent and Trademark Office in connection with the above-identified application. A response to the October 28, 1997 Office Action was originally due January 28, 1998. Applicants hereby request a three month extension of time. A Supplemental Information Disclosure Statement under 37 C.F.R. § 1.97(c) is also included. Applicants have previously established small entity status and such status is still applicable. The required fee for a three month extension of time for a small entity is FOUR HUNDRED SEVENTY FIVE DOLLARS (\$475.00) and a check in the amount of \$475.00 is enclosed. Therefore, a response to the October 28, 1997 Office Action is now due April 28, 1998. Accordingly, this Amendment is being timely filed.

Please amend the subject application as follows.



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W/ATTOR